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Bib Data Sheet

CONFIRMATION NO. 8010

<b>SERIAL NUMBER</b> 09/370,361	<b>FILING OR 371(c) DATE</b> 08/09/1999 <b>RULE</b>	<b>CLASS</b> 375	<b>GROUP ART UNIT</b> 2634	<b>ATTORNEY DOCKET NO.</b> A-66732-1/RM
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**APPLICANTS**

KAMILO FEHER, EL MACERO, CA;

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/095,943 08/10/1998

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

09/03/1999

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 43	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 16
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

R MICHAEL ANANIAN  
 FLEHR HOHBACH TEST ALBRITTON & HERBERT L  
 FOUR EMBARCADERO CENTER SUITE 3400  
 SAN FRANCISCO ,CA 94114187

**TITLE**

SYSTEM AND METHOD FOR INTEROPERABLE MULTIPLE-STANDARD MODULATION AND CODE SELECTABLE  
 FEHER'S GMSK, ENHANCED GSM, CSMA, TDMA, OFDM, AND THIRD-GENERATION CDMA, W-CDMA AND B-  
 CDMA

<b>FILING FEE RECEIVED</b> 1904	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit



Commissioner for Patents  
Washington, DC 20231  
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<b>APPLICANTS</b> KAMILO FEHER, EL MACERO, CA;				
** CONTINUING DATA ***** This appln claims benefit of 60/095,943 08/10/1998				
** FOREIGN APPLICATIONS ***** None				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/03/1999				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 43 45	TOTAL CLAIMS 20
INDEPENDENT CLAIMS 16				
Verified and Acknowledged Examiner's Signature _____ Initials _____				
<b>ADDRESS</b> R MICHAEL ANANIAN FLEHR HOHBACH TEST ALBRITTON & HERBERT L FOUR EMBARCADERO CENTER SUITE 3400 SAN FRANCISCO, CA 94114187				
<b>TITLE</b> System and method for interoperable multiple-standard modulation and code selectable Feher's GMSK, enhanced GSM, CSMA, TDMA, OFDM, and thied-generation CDMA, W-CDMA and B-CDMA				
<b>FILING FEE RECEIVED</b> 1904	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____	

SERIAL NUMBER 09/370,361		FILING DATE 08/09/99	CLASS 375	GROUP ART UNIT 2734	ATTORNEY DOCKET NO. A-66732-1/RM	
APPLICANT	KAMILO FEHER, EL MACERO, CA.					
	**CONTINUING DOMESTIC DATA***** VERIFIED PROVISIONAL APPLICATION NO. 60/095,943 08/10/98 <u>yes</u>					
	**371 (NAT'L STAGE) DATA***** VERIFIED <u>none</u>					
	**FOREIGN APPLICATIONS***** VERIFIED <u>none</u>					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED 09/03/99						
Foreign Priority claimed 35 USC 119 (a-d) conditions met		<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY CA	SHEETS DRAWING 43	TOTAL CLAIMS 20
Verified and Acknowledged		Examiner's Initials <u>        </u> Initials <u>        </u>		INDEPENDENT CLAIMS 16		
ADDRESS	R MICHAEL ANANIAN FLEHR HOHBACH TEST ALBRITTON & HERBERT L FOUR EMBARCADERO CENTER SUITE 3400 SAN FRANCISCO CA 94111-4187					
	TITLE FEHER'S QUADRATURE PHASE SHIFT KEYING (FQPSK) TRANSCEIVER AND METHOD FOR TRANSMITTING, RECEIVING, AND PROCESSING SIGNALS THEREWITH					
FILING FEE RECEIVED  \$1,904	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		